

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32668**

FILED OCT 7 1952

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 304	
1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR BONNE TERRE		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR BONNE TERRE		0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL				d. STREET ADDRESS (If rural, give location) 28 SUMMIT			
3. NAME OF DECEASED (Type or Print) a. (First) IDA		b. (Middle) BELLE		c. (Last) STEWART		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 29, 1952	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 19, 1884	
9. AGE (In years last birthday) 68		10. MONTHS 6		11. DAYS 10		12. HOURS 0 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) R-1 BONNE TERRE MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME GREEN KETCHERSIDE		13b. MOTHER'S MAIDEN NAME CARRIE DAGEETT		14. NAME OF HUSBAND OR WIFE WILLIAM WALLACE STEWART			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME WILLIAM WALLACE STEWART			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure emanating from ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 25, 1952 to Sept 29, 1952 , that I last saw the deceased alive on Sept 29, 1952 and that death occurred at 8:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Shelagh Lane		(Degree or title) MD		23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 10-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 2, 1952		24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE		24d. LOCATION (City, town, or county) (State) BONNE TERRE MO	
DATE REC'D BY LOCAL REG. Oct 2, 1952		REGISTRAR'S SIGNATURE Ethel Rudloff		25. EMERALD DIRECTOR'S SIGNATURE Benjamin J. C. Boone		ADDRESS Mo.	

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clarence J. Raywell

Licensed Embalmer No. *3706*

P. O. Address *Bonne Terre Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.